	Under the Paperwork P	leduction Act of 1886, no pe	e internet and another	U.S. Palent en	Approved	Of Usa Homent	PTO/84/09 (44
	PALE	IT APPLICATION	EE DETERMINAT	nd to a collection of	uspemark of	MOO; U.S. DEPARTMEN	18. OMB 0051-00
• •	PATENT: APPLICATION FEE DETERMINATION RECORD  Approved to respond to a collection of Information unterestable for Form PTO-878.  APPLICATION.					Application or Dock	AB control number
	. APP	LICATION AS FILED	- PAOT				Hamper
:		(Column 1)	(Oolumn 2)	•		13110	J
•	BASIC FEE	NUMBER FILED	-	5MALL	ENTITY	OR OTHE	R THAN
-	17 OFR 1.18(a) (b) (c)	- Jack Halo	NUMBER EXTRA	RATE (t)	FOR	SMAL	LEVITT
•					FEE (8)	RATE (\$)	
	EXAMINATION FEE					11/	FEE (I)
•	1.16(0), (0) or (71)	-		-	:		750
. •	OT CER LIGHT	20		L 1			
• .	INDEPENDENT CLAIMS (37 CFR 1.16(N))	Minus 20 =		X =		<u> </u>	
•		3 minus 3 =		I		DR: X /8 :	
•	APPLICATION SIZE S	the specification and dri heets of paper, the applications (\$125) (\$125) for small accounts	awings exceed 100	X		×84 =	
1	(32 CCD 4 4 4 4 1 1   S	\$250 (6496 (	Autor Size lee Hite	.	• 7	101 =	
. 1	35	U.S.C 41/0/(1/0)	alon thereof. See	.		-1 1	. ]
- 1-	MULTIPLE DEPENDENT CLAIR	M PRESENT OF COLL	51 CFR 1.16(5).			250	. <i> </i> -
. 1	" If the difference in column 1 to	(4) 24 (.160)				1000	
	" If the difference in column 1 is i	ess than zero, enter or in or	oluma 2.	TOTAL		1000	7
	APPLICATION	AS AMENDED - PAR	RT II	101/12		TOTAL 7/	577
10	PIDT (Column )					L.F.	2
1	CLAIMS	. (column		SMALL ENTITY	OR OR	OTUSŠ -	
		"   NUMBER	100500	Atr w	· ·	OTHER THAN SMALL ENTIT	5
ENDMENT	Total AMENOME	Minus + PAID FOR	EXTRA .	TION	À I	RATECO	
١Ş	GT CAR CIGNI		1	FEE	¥1 . [	TION	ai I
. 8	Application of a	Minus = 3	1:3,11		OR	30	(1)
₹	Application Size Fee (37 CFR	1.16(s))	1 ×	=	J OR I	200: 20	
	FIRST PRESENTATION OF MULTI	PLE DEPENDENT CLAIM . (37.0	XR 1.1600		-1 $-1$	200 - 200	4
. ]			TOTA		OR .	Black	-
.	(Column 1)		ADD	FEE	OR TO	TAI	_
a	CLAIMS	(Column 2) HIGHEST	(Column 3)		-1; ži., AC	O'L FEE	
12	REMAINING AFTER	NUMBER PREVIOUSLY	RRESENT RATE	(0)	7 -		7
196	Total AMENDMENT	Minus 4	EXTRA	TIONAL	R	ATE (4) . ADDI-	7 ·
BNDM.	roependent		•	FEE (1)	1	TIONAL FEE (1)	1
·   M	Policeflon Stras	Minus +11	-     X		OR X	=	1
	pplication Size Fee (37 CFR 1.16	(s))		-	OR· X	=	· · ·
	RET PRESENTATION OF MULTIPLE	DEPENDENT CLAIM (37 CFR	1.16@1	<del></del>	-		
					OR:		
* 10.00	he entry in column the tone		TOTAL ADD'L FE		OR GOLD		•
*** (1 (1)	he entry in column i is less illan i he "Highest Number Previously Pa e "Highest Number Previously Pa "Highest Number Previously Pa "Highest Number Previously Pal	he entry in column 2, write 'o	'In column 3.	L	ADDIL	FEE	
The	Highest Number Previously Pa	IN THIS SPACE IS IES	es than 3 color 50.	•			•
091/10 to b	rocess) an application Care by	37 CFR 1.16. The Information	no le migriest number found	In the appropriate he	or in order	' : I	
ADDRESS -	ark Office, U.S. Department of Co	this form and/or suggestions	or reducing this hards	Ast debeuding no	aled to take 12	nulnules to complete	•
	llering, preparing, and submitting of control of complete ark Office, U.S. Department of CoEHD TO: Commissioner for	or Palenta, P.O. Box 1450, Alex	candda, VA 22313-1450, DO	NOT SEND FEED	hiel information	Officer (1 5 par	
	nd of time you require to complete ark Office, U.S. Department of Co EHD TO: Commissioner for the control of th	Issisiance in marrial	vi niekandria, VA 22313	3-1460.	OWELETE	D FORMS TO THIS	
•		assistance in completing the fi	orm call 1.800-PTO-8189 B	rid select option 2			